

CA0977944

**SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET**

Referred to Commission Committee (name) **LAW ENFORCEMENT, FIRE, CORRECTIONS & COURTS**

For Commission Action on (date): 6/1/09

RESOLUTION TO APPROVE A CONTRACT WITH COCAINE ALCOHOL AWARENESS PROGRAM, INC IN THE AMOUNT OF \$250,000.00 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS IN AN AMOUNT NOT TO EXCEED \$250,000.00. SPONSORED BY COMMISSIONER SIDNEY CHISM

CHECK ALL THAT APPLY BELOW:

_____ This Action does NOT require expenditure of funds.

 X This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$ _____ : County CIP Funds: \$ _____

State Grant Funds: \$ _____ : State Gas Tax Funds: \$ _____

Federal Grant Funds: \$ _____

Other funds (Specify source and amount): **Fines and fees: \$250,000, Z05025510 00**

Other pass-thru funds (Specify source and amount): \$ 250,000, Z05025510 00

Originating Department: Shelby County Drug Court

APPROVAL:

Dept. Head: Angela Parkerson 545-2823 AP 5-28-09
(Type your name & phone #.) (Initials) (Date)

Elected Official: Judge Tim Dwyer 545-5192 TSD 5-28-09
(Type your name & phone #.) (Initials) (Date)

Division Director: _____
(Type your name & phone #.) (Initials) (Date)

CIP - A&F Director: _____
(Type your name & phone #.) (Initials) (Date)

Finance Dept.: Michael A. Swift 545-4449 MA 6/5/09
6/1/09 (Type your name & phone #.) (Initials) (Date)

County Attorney: Mary L. Bright mlb 5-29-09
(Type your name & phone #.) (Initials) (Date)

CAO/Mayor: Jim Huntzicker 545-4514 JH 6/1/09
(Type your name & phone #.) (Initials) (Date)

SUMMARY SHEET

I. Description of Item

RESOLUTION TO APPROVE A CONTRACT WITH COCAINE ALCOHOL AWARENESS PROGRAM, INC IN THE AMOUNT OF \$250,000 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS NOT TO EXCEED \$250,000.00. SPONSORED BY COMMISIONER SIDNEY CHISM

II. Source and Amount of Funding

Funds will be made available by a State of Tennessee pass through grant from account 850-700502-6678, Outside Contracts in an amount not to exceed \$250,000.00.

III. Contract Items

- A. Type of Contract: This is a professional services contract for residential drug treatment.
- B. Terms: The contractor will provide residential drug treatment. Contract commenced on 7/1/09 and ends on 6/30/10, the contract provides for two (2) one (1) year options for renewal.

IV. Additional Information Relevant to Approval of this Item

- Shelby County Drug Court recommends approval of this resolution.

ITEM # _____

PREPARED BY Anita Johnson

COMMISSIONER _____

APPROVED BY: [Signature]

RESOLUTION TO APPROVE A CONTRACT WITH COCAINE ALCOHOL AWARENESS PROGRAM, INC IN THE AMOUNT OF \$250,000.00 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS IN AN AMOUNT NOT TO EXCEED \$250,000.00. SPONSORED BY COMMISSIONER SIDNEY CHISM

WHEREAS, Shelby County Drug Court desires to provide residential drug treatment to clients of the Shelby County Drug Court Program; and

WHEREAS, the department requested and received sealed bid #09-003-63 on April 9, 2009, with the bestbid meeting specifications being submitted by Cocaine and Alcohol Awareness Program, Inc. in the total amount not to exceed \$250,000.00; and

WHEREAS, The period of award is from July 1, 2009 through June 30, 2010, with the option to renew for two (2) additional one (1) year periods.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, that the expenditure of funds to Cocaine and Alcohol Awareness Program, Inc. in the total estimated amount not to exceed \$250,000.00 for the purchase of residential treatment services is hereby approved.

BE IT FURTHER RESOLVED, that the two (2) one-year options to renew to renew are hereby approved subject to the adoption of the appropriate year's Operating Budget;

BE IT FURTHER RESOLVED, That the Purchasing Department is authorized to issue purchase orders for the purchase of residential treatment from the FY 2009/2010 Operating Budget subject to the availability of funds in account number 850-700502-6678 at the time the purchase order is issued.

BE IT FURTHER RESOLVED, That the Shelby County Mayor and the Director of Administration and Finance are hereby authorized to issue their warrant or warrants not to exceed \$250,000.00 for the purposes contained in this resolution to Cocaine and Alcohol Awareness Program, Inc.

A C Wharton, Jr., County Mayor

Date: _____

ATTEST:

Clerk of County Commission

ADOPTED: _____

GRATUITY DISCLOSURE FORM

Shelby County Ethics Commission

INSTRUCTIONS: This form is for all persons receiving any Shelby County Government contract, land use approval or financial grant money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouses and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.

1. NAME

Cocaine Alcohol Awareness Program Inc. (CAAP)

2. DATE OF GRATUITY

N/A

3. NATURE AND PURPOSE OF THE GRATUITY

N/A

4. NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY

N/A

5. NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

N/A

6. ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

N/A

7. DESCRIPTION OF THE GRATUITY

N/A

8. COST OF THE GRATUITY (If cost is unknown and not reasonably discernible by the person giving the gratuity, then the person giving the gratuity shall report a good faith estimate of the cost of the gratuity.)

N/A

9. The information contained in this Gratuity Disclosure Form, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief and affirm that I have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including spouse and immediate family members) that has not been disclosed and I affirm that I have not violated the provisions of the Shelby County Government Code of Ethics.

Signature

Albert Richardson

Print Name

May 28, 2009

Date



MY COMMISSION EXPIRES:
November 29, 2009

A copy of your completed form will be placed on the Shelby County Internet website.

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID OK COCAC-2	DATE (MM/DD/YYYY) 05/28/09
PRODUCER Regions Insurance, Inc. 6000 Poplar Avenue, Suite 300 Memphis TN 38119 Phone: 901-684-3290 Fax: 901-684-3260		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Cocaine Alcohol Awareness Program 4041 Knight Arnold Road Memphis TN 38118		INSURERS AFFORDING COVERAGE INSURER A: National Liability & Fire Ins INSURER B: Philadelphia INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

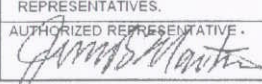
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
LTR	INSRD						
B	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Directors & Officers Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK401813	03/26/09	03/26/10	EACH OCCURRENCE	\$ 1,000,000
B			PHSD398914	03/26/09	03/26/10	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
			\$1,000,000/\$2,000,000			MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$500 ded Comp <input checked="" type="checkbox"/> \$1,000 Ded Coll	PHPK401813	03/26/09	03/26/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
B						BODILY INJURY (Per person)	\$
B						BODILY INJURY (Per accident)	\$
B						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	PHUB267189	03/26/09	03/26/10	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC-2009-77154-00	01/05/09	01/05/10	WC STATUTORY LIMITS	
						OTH-ER	
						E L EACH ACCIDENT	\$ 1,000,000
						E L DISEASE - EA EMPLOYEE	\$ 1,000,000
						E L DISEASE - POLICY LIMIT	\$ 1,000,000
B		Professional Liab	PHPK401813	03/26/09	03/26/10	Occurrence	\$1,000,000
B		Employee Dishonest	PHPK401813	03/26/09	03/26/10	Aggregate	\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Memphis is listed as an Additional Insured.

CERTIFICATE HOLDER

City of Memphis 125 Mid America Mall Memphis TN	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: 
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CONTRACT NO. CA

097794

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Shelby County Drug Court
2. Preparer's Name, Telephone #, and E-Mail Address:
Angela Parkerson, 545-2823, angela.parkerson@shelbycountyttn.gov
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Residential Treatment Services
4. NAME, ADDRESS, VENDOR NUMBER, AND EOC NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Cocaine and Alcohol Awareness Program
4041 Knight Arnold Suite 300
Memphis, TN 38118
VENDOR NO. 33561
EOC NO. EOC-S-0210-14234
5. COST OF ITEM OR SERVICE REQUESTED: \$75,000
6. TERM OF PROPOSED CONTRACT/AGREEMENT: 07/01/2009-06/30/2010
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
545-704122-6678 AMOUNT \$75,000
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS
a. ☒ Bid/RFP Process - # & Date 09-003-63, 4/9/09
b. ☐ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
☐ MALE ☐ FEMALE
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
☐ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED \$3 MILLION
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

REVIEWED AND APPROVED BY:

Judge Tim Dugg
ELECTED OFFICIAL

Angela Parkerson 5-29-09
DEPARTMENT HEAD DATE

DIVISION DIRECTOR DATE



Purchasing Department

160 N. Main, Suite 550
Memphis, TN 38103


(901) 545-4365
Fax: (901) 545-4531

Shelby County Tennessee

A C Wharton, Jr., Mayor

Memorandum

To: Honorable A C Wharton, Jr.
Shelby County Mayor

From: Clifton Davis, Administrator
Purchasing Department 

Date: April 30, 2009

Re: RFP #09-003-63, Residential Alcohol & Drug Treatment Services – Shelby County Drug Court

Three (3) companies submitted proposals indicating their interest in providing the above-described services.

	<u>Evaluation Score</u>	<u>EOC Rating</u>	<u>Consultant Fees</u>
1. Serenity Recovery Centers	94.20	D	\$245,100.00
2. Cocaine Alcohol Awareness Program	91.60	A	\$121,176.00
3. True Test Collection of Memphis	7.00	D	N/A

An evaluation committee comprised of five (5) members from the Shelby County Drug Court and Purchasing evaluated the proposal responses and determined that the proposal submitted by **Serenity Recovery Centers** was the most responsive to the request for proposal. During the evaluation, the committee determined that contracting with multiple vendors would fulfill the need to provide the required services. It is the recommendation of the evaluation committee, with the concurrence of the Purchasing Department, that both **Cocaine Alcohol Awareness Program** and **Serenity Recovery Centers** be awarded the contract.

Serenity Recovery Centers was more detailed in their methodology for treating alcohol and drug dependency and uses an intense educational program which gave them the highest score of 94.20. Cocaine Alcohol Awareness Program met the required services and received an overall score of 91.60. True Test Collection of Memphis did not provide for any treatment or counseling services in their response.

Therefore, Serenity Recovery Centers and Cocaine Alcohol Awareness Program are both recommended for awards based on receiving the top overall evaluation scores on the RFP, competitive pricing for services required and a satisfactory prior work experience relationship with Shelby County Government.

A copy of the department's recommendation letter is attached.

EOC Rating Codes:

A Compliance – 90% or more

B Compliance – 80%-89.9%

C Compliance - 50%-79.9%

D Less than 15 employees (automatically qualify)

E Approval by EOC Board of Appeals

F Exception granted by CAO or Administrator of EOC

Please indicate your approval or disapproval of this selection in the space provided below:

APPROVED: ✓

APPROVED WITH CHANGES: _____

DISAPPROVED: _____

DATE: 5/3/09



A C WHARTON, JR., MAYOR

cc: Angela Parkerson, Shelby County Drug Court



RFP: #09-0003-63

Residential Alcohol & Drug Treatment Services

	COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHs
	(Minor w		
Cumulative Totals for Evaluation Team	(0 = did not meet require		
CATEGORIES			
Totals			
Angela Parkerson	97.00	97.00	0.00
Debra Antoine	82.00	89.00	4.00
Kyle Eaton	97.00	97.00	19.00
Anita Johnson	94.00	95.00	9.00
Debbie Cairncross	88.00	93.00	4.00
Highest Score Selected Vendor	91.60	94.20	7.20

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVICES

Company Name: COCAINE ALCOHOL AWARENESS PROGRAM, INC. CID: 26935

Other name (DBA):
Vendor Number: Owner Code: WM Company Type: Service
Commodity: ALCOHOL & DRUG ABUSE TREATMENT CENTER
Firm Type: Independent
Certified:
County: MEMPHIS-TN-AR-MS, TN: 42.90%
Phone: Fax: EMail:
KnowAs: EnteredBy: Enter
Additional Notes: DateEntered: 2/20/2007
EditBy: Doris
DateEdit: 2/20/2007

Compliance History

Compliance Date 02/09/2009 ☐ Compliance
Compliance Code A ☐ Certificate
EOC Number: EOC-S-0210-14234
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 2/9/2009
Expires: 2/28/2010 Current
Status:
Survey Number: 0

Compliance Date 02/13/2008 ☐ Compliance
Compliance Code A ☐ Certificate
EOC Number: EOC-S-0209-12384
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 2/13/2008
Expires: 2/28/2009 Expired
Status:
Survey Number: 0

Compliance Date 02/20/2007 ☐ Compliance
Compliance Code A ☐ Certificate
EOC Number: EOC-S-0208-10792
Number: Last Edited By: doris.vestermickens
Percent: Date Last Edited: 2/20/2007
Expires: 2/29/2008 Expired
Status:
Survey Number: 0

Contacts:

Equal Opportunity Compliance

Company Details

Bid Number: I0900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: COCAINE ALCOHOL AWARENESS PROGRAM, INC. **CID:** 26935

Contact First Name:		Active Contact
Contact Last Name:		Entered By:
Contact Title:	ALBERT RICHARDSON, EXEC. DIR.	Date Entered:
Contact Phone:	9013600442	Last Edited By:
Contact Date:	02/20/2007	Edit Date:
Contact Notes:		

Contact First Name:		Inactive Contact
Contact Last Name:		Entered By:
Contact Title:		Date Entered:
Contact Phone:		Last Edited By:
Contact Date:	02/20/2007	Edit Date:
Contact Notes:	PARENT CO.: SAME AS ABOVE	

Mailing Addresses:

Address:	4041 KNIGHT ARNOLD RD., STE. 300	
MailCity:	MEMPHIS	ST: TN Zip: 38118-2128
County:		Active Mailing Address
Entered By:		Last Edited By:
Date Entered:		Edit Date:

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVICES

Company Name: COCAINE ALCOHOL AWARENESS PROGRAM, INC.

CID: 26935

Survey	Job Description	Sex	African American	Indian/ Alaskan	Asian	Hispanic	White
14262	Office And Clerical	Male	0	0	0	0	10
14262	Office And Clerical	Female	15	0	0	0	0
14262	Officials And Managers	Male	5	0	0	0	0
14262	Officials And Managers	Female	8	0	0	0	0
14262	Professionals	Male	3	0	0	0	1
14262	Professionals	Female	7	0	0	0	0
14262	Service Workers	Female	1	0	0	0	0

Equal Opportunity Compliance

Company Details

Bid Number: I0900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SVCIES

Company Name: SERENITY RECOVERY CENTERS CID: 27212

Other name (DBA):
Vendor Number: Owner Code: O Company Type: Service
Commodity: SUBSTANCE ABUSE TREATMENT
Firm Type: Independent
Certified:
County: MEMPHIS-TN-AR-MS, TN: 42.90%
Phone: Fax: EMail:
KnowAs: EnteredBy: Enter
Additional Notes: DateEntered: 4/26/2007
EditBy: Enter
DateEdit: 4/26/2007

Compliance History

Compliance Date 04/08/2009 ☐ Compliance
Compliance Code D ☐ Certificate
EOC Number: EOC-S-0410-14662
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 4/8/2009
Expires: 4/30/2010 **Current**
Status:
Survey Number: 0

Compliance Date 04/11/2008 ☐ Compliance
Compliance Code A ☐ Certificate
EOC Number: EOC-S-0409-12693
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 4/11/2008
Expires: 4/30/2009 **Current**
Status:
Survey Number: 0

Compliance Date 04/27/2007 ☐ Compliance
Compliance Code A ☐ Certificate
EOC Number: EOC-S-0408-11155
Number: Last Edited By: doris.vestermickens
Percent: Date Last Edited: 4/27/2007
Expires: 4/30/2008 **Expired**
Status:
Survey Number: 0

Contacts:

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVICES

Company Name: SERENITY RECOVERY CENTERS CID: 27212

Contact First Name:		Active Contact
Contact Last Name:		Entered By:
Contact Title:	ALLEN L. RICHARDSON, EXEC. DIR.	Date Entered:
Contact Phone:	9015211131	Last Edited By:
Contact Date:	04/26/2007	Edit Date:
Contact Notes:		

Mailing Addresses:

Address:	1094 POPLAR AVE.		
MailCity:	MEMPHIS	ST:	TN Zip: 38105
County:		Active Mailing Address	
Entered By:		Last Edited By:	
Date Entered:		Edit Date:	

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVICES

Company Name: SERENITY RECOVERY CENTERS

CID: 27212

Survey	Job Description	Sex	African American	Indian/ Alaskan	Asian	Hispanic	White
14771	Laborers (Unskilled)	Male	1	0	0	0	0
14771	Office And Clerical	Male	0	0	0	0	2
14771	Officials And Managers	Male	0	0	0	0	1
14771	Officials And Managers	Female	1	0	0	0	1
14771	Professionals	Male	3	0	0	0	0
14771	Professionals	Female	0	0	0	0	2

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVICES

Company Name: LONELL MORRIS dba TRUE TEST COLLECTION of MEMPHIS CID: 26557

Other name (DBA):

Vendor Number:

Owner Code: BM

Company Type:

Vendor

Commodity: ALCOHOL AND DRUG SCREENING SERVICES

Service

Firm Type: Minority

LOSB

Certified:

County: MEMPHIS-TN-AR-MS, TN: 42.90%

Phone:

Fax:

E-Mail:

KnowAs:

EnteredBy: Enter

Additional Notes:

DateEntered: 6/14/2005

EditBy: Enter

DateEdit: 6/14/2005

Compliance History

Compliance Date 11/19/2008 ☐ Compliance

Compliance Code D ☐ Certificate

EOC Number: LOSB-VS-1109-13787

Number: Last Edited By: doris.vester

Percent: Date Last Edited: 11/19/2008

Expires: 11/30/2009 **Current**

Status:

Survey Number: 0

Compliance Date 07/13/2007 ☐ Compliance

Compliance Code D ☐ Certificate

EOC Number: LOSB-VS-0708-11595

Number: Last Edited By: doris.vester

Percent: Date Last Edited: 7/13/2007

Expires: 7/31/2008 **Expired**

Status:

Survey Number: 0

Compliance Date 06/09/2006 ☐ Compliance

Compliance Code D ☐ Certificate

EOC Number: LOSB-VS-0607-10109

Number: Last Edited By: doris.vestermickens

Percent: Date Last Edited: 6/9/2006

Expires: 6/30/2007 **Expired**

Status:

Survey Number: 0

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVICES

Company Name: LONELL MORRIS dba TRUE TEST COLLECTION of MEMPHIS CID: 26557

Compliance Date 06/17/2005 ☐ Compliance

Compliance Code D ☐ Certificate

EOC Number: LOSB-VS-0606-09103

Number: Last Edited By: dmickens

Percent: Date Last Edited: 6/17/2005

Expires: 6/30/2006 Expired

Status:

Survey Number: 0

Contacts:

Contact First Name: Active Contact

Contact Last Name: Entered By:

Contact Title: LONELL MORRIS, OWNER Date Entered:

Contact Phone: 9013241934 Last Edited By:

Contact Date: 06/14/2005 Edit Date:

Contact Notes:

Mailing Addresses:

Address: 3355 POPLAR AVE., #100

MailCity: MEMPHIS ST: TN Zip: 38111

County: Active Mailing Address

Entered By: Last Edited By:

Date Entered: Edit Date:

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES

Company Name: LONELL MORRIS dba TRUE TEST COLLECTION of MEMPHIS CID: 26557

Survey	Job Description	Sex	African American	Indian/ Alaskan	Asian	Hispanic	White
13742	Officials And Managers	Male	2	0	0	0	0
13742	Technicians	Female	1	0	0	0	0



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Angela Parkerson

**COCAINE
ALCOHOL
AWARENESS
PROGRAM**

**SERENITY
RECOVERY
CENTERS**

**TRUE TEST
COLLECTION
OF MPHS**

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES

**Major
Weights**

**Minor
Weights**

MINIMUM REQUIREMENTS

28.0

28.00

28.00

0.00

Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services

4.0

4

4

Possess the appropriate licenses and certifications required to perform the Services

4.0

4

4

Possess the minimum insurance requirements

4.0

4

4

Possess a Tennessee State certification for residential treatment of non-

4.0

4

4

Provide treatment services in a confidential and professional manner

4.0

4

4

Obtain an Equal Opportunity compliance (EOC) certification

4.0

4

4

Adhere to all Title VI requirements; provide proof (if necessary)

4.0

4

4

REQUIRED SERVICES

47.00

44.00

44.00

0.00

Availability to Drug Court staff

2.00

2

2

Conduct initial assessments for level of substance abuse

5.00

5

5

Provide individual and group therapy sessions

4.00

4

4

Urinalysis and breathalyzer testing at random intervals

4.00

3

3

Maintain all drug screen testing in case file

4.00

4

4

Ability to provide parenting/family counseling

3.00

3

3

Develop and monitor treatment plans, goals, and objectives

4.00

3

3

Maintain case file on all treatment diagnosis, planning, and progress

5.00

5

5

Designated staff present for weekly status reporting and hearings

2.00

2

2

Provide weekly progress reports in adherence to specified deadlines

4.00

4

4

Utilize electronic communications via email, fax, and web based case mgmt system

5.00

5

5

Policy for Limited English Proficient clients

3.00

3

3

Survey client satisfaction and report client status info six (6) months after program discharge

2.00

1

1

REFERENCES

10.00

10.00

10.00

0.00

Did the respondent list creditable reference for same/like services

10.00

10

10

COST

15.00

15.00

15.00

0.00

Initial cost for the 1st year of services

15.00

15

15

SCORE

**COCAINE
ALCOHOL
AWARENESS
PROGRAM**

**SERENITY
RECOVERY
CENTERS**

**TRUE TEST
COLLECTION
OF MPHS**

Minor (unweighted)

97

97

0

Major (weighted)

100.00

TOTAL

97.00

97.00

0.00



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Debra Antoine

**COCAINE
ALCOHOL
AWARENESS
PROGRAM**

**SERENITY
RECOVERY
CENTERS**

**TRUE TEST
COLLECTION
OF MPHS**

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES

**Major
Weights**

**Minor
Weights**

MINIMUM REQUIREMENTS

28.0

24.00

24.00

4.00

Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services

4.0

4

4

0

Possess the appropriate licenses and certifications required to perform the Services

4.0

4

4

0

Possess the minimum insurance requirements

4.0

4

4

4

Possess a Tennessee State certification for residential treatment of non-

4.0

4

4

0

Provide treatment services in a confidential and professional manner

4.0

0

0

0

Obtain an Equal Opportunity compliance (EOC) certification

4.0

4

4

0

Adhere to all Title VI requirements; provide proof (if necessary)

4.0

4

4

0

REQUIRED SERVICES

47.00

43.00

45.00

0.00

Availability to Drug Court staff

2.00

1

1

0

Conduct initial assessments for level of substance abuse

5.00

5

5

0

Provide individual and group therapy sessions

4.00

3

4

0

Urinalysis and breathalyzer testing at random intervals

4.00

3

3

0

Maintain all drug screen testing in case file

4.00

4

4

0

Ability to provide parenting/family counseling

3.00

3

3

0

Develop and monitor treatment plans, goals, and objectives

4.00

4

4

0

Maintain case file on all treatment diagnosis, planning, and progress

5.00

5

5

0

Designated staff present for weekly status reporting and hearings

2.00

2

2

0

Provide weekly progress reports in adherence to specified deadlines

4.00

4

4

0

Utilize electronic communications via email, fax, and web based case mgmt system

5.00

5

5

0

Policy for Limited English Proficient clients

3.00

3

3

0

Survey client satisfaction and report client status info six (6) months after program discharge

2.00

1

2

0

REFERENCES

10.00

0.00

10.00

0.00

Did the respondent list creditable reference for same/like services

10.00

0

10

0

COST

15.00

15.00

10.00

0.00

Initial cost for the 1st year of services

15.00

15

10

0

SCORE

Minor (unweighted)

Major (weighted)

100.00

**COCAINE
ALCOHOL
AWARENESS
PROGRAM**

**SERENITY
RECOVERY
CENTERS**

**TRUE TEST
COLLECTION
OF MPHS**

82

89

4

TOTAL

82.00

89.00

4.00



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Kyle Eaton

**COCAINE
ALCOHOL
AWARENESS
PROGRAM**

**SERENITY
RECOVERY
CENTERS**

**TRUE TEST
COLLECTION
OF MPHS**

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights			
MINIMUM REQUIREMENTS	28.0		28.00	28.00	10.00
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	4	4	4
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	4	4	2
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	4
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		44.00	45.00	5.00
Availability to Drug Court staff		2.00	2	2	2
Conduct initial assessments for level of substance abuse		5.00	5	5	0
Provide individual and group therapy sessions		4.00	4	4	0
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	1
Maintain all drug screen testing in case file		4.00	4	4	0
Ability to provide parenting/family counseling		3.00	3	3	0
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	0
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	0
Designated staff present for weekly status reporting and hearings		2.00	2	2	1
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	0
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	1
Policy for Limited English Proficient clients		3.00	3	3	0
Survey client satisfaction and report client status info six (6) months after program discharge		2.00	0	1	0
REFERENCES	10.00		10.00	10.00	2.00
Did the respondent list creditable reference for same/like services		10.00	10	10	2
COST	15.00		15.00	14.00	2.00
Initial cost for the 1st year of services		15.00	15	14	2
SCORE			COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
Minor (unweighted)			97	97	19
Major (weighted)	100.00				
TOTAL			97.00	97.00	19.00



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Anita Johnson

**COCAINE
ALCOHOL
AWARENESS
PROGRAM**

**SERENITY
RECOVERY
CENTERS**

**TRUE TEST
COLLECTION
OF MPHs**

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights			
MINIMUM REQUIREMENTS	28.0		26.00	28.00	3.00
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	3	4	3
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	3	4	0
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	0
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		44.00	44.00	3.00
Availability to Drug Court staff		2.00	2	2	0
Conduct initial assessments for level of substance abuse		5.00	5	5	0
Provide individual and group therapy sessions		4.00	4	4	0
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	3
Maintain all drug screen testing in case file		4.00	3	4	0
Ability to provide parenting/family counseling		3.00	3	2	0
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	0
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	0
Designated staff present for weekly status reporting and hearings		2.00	2	2	0
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	0
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	4	0
Policy for Limited English Proficient clients		3.00	3	3	0
Survey client satisfaction and report client status info six (6) months after program discharge		2.00	1	2	0
REFERENCES	10.00		10.00	10.00	1.00
Did the respondent list creditable reference for same/like services		10.00	10	10	1
COST	15.00		14.00	13.00	2.00
Initial cost for the 1st year of services		15.00	14	13	2
SCORE			COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHs
Minor (unweighted)			94	95	9
Major (weighted)	100.00				
TOTAL			94.00	95.00	9.00



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Debbie Cairncross

**COCAINE
ALCOHOL
AWARENESS
PROGRAM**

**SERENITY
RECOVERY
CENTERS**

**TRUE TEST
COLLECTION
OF MPHs**

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights			
MINIMUM REQUIREMENTS	28.0		25.00	25.00	4.00
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	4	4	4
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	1	1	0
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	0
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		46.00	46.00	0.00
Availability to Drug Court staff		2.00	2	1	
Conduct initial assessments for level of substance abuse		5.00	5	5	
Provide individual and group therapy sessions		4.00	4	4	
Urinalysis and breathalyzer testing at random intervals		4.00	4	4	
Maintain all drug screen testing in case file		4.00	4	4	
Ability to provide parenting/family counseling		3.00	3	3	
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	
Designated staff present for weekly status reporting and hearings		2.00	2	2	
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	
Policy for Limited English Proficient clients		3.00	3	3	
Survey client satisfaction and report client status info six (6) months after program discharge		2.00	1	2	
REFERENCES	10.00		2.00	10.00	0.00
Did the respondent list creditable reference for same/like services		10.00	2	10	0
COST	15.00		15.00	12.00	0.00
Initial cost for the 1st year of services		15.00	15	12	0
SCORE			COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHs
Minor (unweighted)			88	93	4
Major (weighted)	100.00				
TOTAL			88.00	93.00	4.00